

MEDICAL PLAN	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD			
5. INCIDENT MEDICAL AID STATIONS							
MEDICAL AID STATIONS	LOCATION			PARAMEDICS			
				YES NO			
6. TRANSPORTATION							
A. AMBULANCE SERVICE							
NAME	ADDRESS	PHONE	PARAMEDICS				
			YES	NO			
B. INCIDENT AMBULANCES							
NAME	LOCATION	PHONE	PARAMEDICS				
			YES	NO			
7. HOSPITALS							
NAME	ADDRESS	TRAVEL TIME		HELIPAD		BURN CENTER	
		AIR	GROUND	PHONE	YES	NO	YES
8. MEDICAL EMERGENCY PROCEDURES							
ICS 206 (SEMS 2001)	9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)			